

### THIRD SUPPLEMENTAL APPLICATION DATA SHEET

#### APPLICATION INFORMATION

|                                  |  |
|----------------------------------|--|
| Application number::             | 10/577,814   |
| Filing Date::                    | November 1, 2004   |
| Application Type::               | Nonprovisional   |
| Subject Matter::                 | Utility  |
| Suggested classification::       |  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                |  |
| Number of CD disks::             |  |
| Number of copies of CDs::        |  |
| Sequence submission?::           |  |
| Computer Readable Form (CRF)?::  |  |
| Number of copies of CRF::        |  |
| Title::                          | METHOD OF TREATING AND<br>PREVENTING ISCHEMIA-REPERFUSION<br>INJURY USING RNA INTERFERING<br>AGENT |
| Attorney Docket Number::         | 033393-055222  |
| Request for Early Publication?:: |  |
| Request for Non-Publication?::   |  |
| Suggested Drawing Figure::       |  |
| Total Drawing Sheets::           | 9  |
| Small Entity?::                  | Yes  |
| Latin name::                     |  |
| Variety denomination name::      |  |
| Petition included?::             |  |

|                                 |  |
|---------------------------------|--|
| Petition Type::                 |  |
| Licensed US Govt. Agency::      |  |
| Contract or Grant Numbers::     |  |
| Secrecy Order in Parent App.?:: |  |

#### **APPLICANT INFORMATION**

|   |                      |
|---|----------------------|
| Applicant Authority Type::              | Inventor             |
| Primary Citizenship Country::           | US                   |
| Status::                                | <u>Full Capacity</u> |
| Given Name::                            | Judy                 |
| Middle Name::                           |                      |
| Family Name::                           | Lieberman            |
| Name Suffix::                           |                      |
| City of Residence::                     | Brookline            |
| State or Province of Residence::        | MA                   |
| Country of Residence::                  | US                   |
| Street of mailing address::             | 63 Buckminster Road  |
| City of mailing address::               | Brookline            |
| State or Province of mailing address::  | MA                   |
| Country of mailing address::            | US                   |
| Postal or Zip Code of mailing address:: | 02445                |

|                               |                      |
|-------------------------------|----------------------|
| Applicant Authority Type::    | Inventor             |
| Primary Citizenship Country:: | HU                   |
| Status::                      | <u>Full capacity</u> |
| Given Name::                  | Péter                |
| Middle Name::                 |                      |

|   |                       |
|---|-----------------------|
| Family Name::                           | Hamar                 |
| Name Suffix::                           |                       |
| City of Residence::                     | Budapest              |
| State or Province of Residence::        |                       |
| Country of Residence::                  | HU                    |
| Street of mailing address::             | Szalmás Piroska u 2/b |
| City of mailing address::               | Budapest              |
| State or Province of mailing address::  |                       |
| Country of mailing address::            | HU                    |
| Postal or Zip Code of mailing address:: | H-1068                |

|  |   |
|--|---|
| Applicant Authority Type::             | Inventor  |
| Primary Citizenship Country::          | CN  |
| Status::                               | <u>Full capacity</u>  |
| Given Name::                           | Erwei   |
| Middle Name::                          |   |
| Family Name::                          | Song  |
| Name Suffix::                          |   |
| City of Residence::                    | Guang Dong <u>Guangzhou</u>   |
| State or Province of Residence::       | Guangdong   |
| Country of Residence::                 | CN  |
| Street of mailing address::            | Room 502, No. 8, Suihua El-Xiang, Jiangnan <u>okada Dadao</u> Zhong |
| City of mailing address::              | Guangzhou   |
| State or Province of mailing address:: | Guangdong   |
| Country of mailing address::           | CN  |

|   |  |
|---|--|
| Postal or Zip Code of mailing address:: |  |
|---|--|

**CORRESPONDENCE INFORMATION**

|   |                                      |
|---|--------------------------------------|
| Correspondence Customer Number::        | 50828                                |
| Name::                                  |                                      |
| Street of mailing address::             |                                      |
| City of mailing address::               |                                      |
| State or Province of mailing address::  |                                      |
| Country of mailing address::            |                                      |
| Postal or Zip Code of mailing address:: |                                      |
| Phone number::                          |                                      |
| Fax number::                            |                                      |
| E-Mail address::                        | <u>bostonpatent@nixonpeabody.com</u> |

**REPRESENTATIVE INFORMATION**

|                                  |       |
|----------------------------------|-------|
| Representative Customer Number:: | 50828 |
|----------------------------------|-------|

**OR**

|                              |                       |                       |
|------------------------------|-----------------------|-----------------------|
| Representative Designation:: | Registration Number:: | Representative Name:: |
| Attorney of Record           |                       |                       |
| Attorney of Record           |                       |                       |
| Agent                        |                       |                       |
| Agent                        |                       |                       |
| Attorney of Record           |                       |                       |

|          |  |  |
|----------|--|--|
| Agent    |  |  |
| Attorney |  |  |

#### **DOMESTIC PRIORITY INFORMATION**

| Application::          | Continuity Type::       | Parent Application:: | Parent Filing Date:: |
|------------------------|-------------------------|----------------------|----------------------|
| This application is    | a 371 National Stage of | PCT/US2004/036200    | 2004-11-01           |
| PCT/US2004/036200 is a | non provisional of      | 60/516172            | 2003-10-30           |

#### **FOREIGN PRIORITY INFORMATION**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |

#### **ASSIGNEE INFORMATION**

|   |                                |
|---|--------------------------------|
| Assignee name::                         | Immune Disease Institute, Inc. |
| Street of mailing address::             | 800 Huntington Avenue          |
| City of mailing address::               | Boston                         |
| State or Province of mailing address::  | Ma                             |
| Country of mailing address::            | US                             |
| Postal or Zip Code of mailing address:: | 02115                          |

Date: July 28, 2008

Respectfully submitted,

Customer No. 50828

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/Leena H. Karttunen/

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